

## Counting Steps: The Phenomenology of Walking with Variable Mobility

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Walking is often assumed to be an unreflexive part of every adult's "natural attitude" (Schutz 1962, 1967). Children - not adults - are expected to learn "naturally" to walk as young infants and their progression on wobbly legs is often amusing and inspiring to watch. Adults, however, are "supposed to" be able to control their physical movement through the use of their bodies.<sup>1</sup> When adults have wobbly legs and fall, this experience and its manifestation are considerably more problematic for the actor and the observing other (Hill 1988).

The everyday world is organized for a walking public despite the fact that millions of Americans<sup>2</sup> have mobility problems connected to walking. Their very real need for access to buildings, parking, and sidewalks is part of a massive social movement (Deegan 1985). Within this group there is a distinct population who experience "variable mobility." This latter group may be able to walk today and not tomorrow, this month and not the next, or this year and not next year, but they can walk again the year after that. This variation makes social perceptions of their mobility problematic: sometimes visible and other times invisible; sometimes overt and sometimes hidden. In this paper, I analyze the walking experiences of people with variable mobility.

This group includes people with various muscular and nerve disabilities such as multiple sclerosis, muscular dystrophy, arthritis; with variable breathing problems affecting their daily strength to accomplish tasks, such as asthma or emphysema; and with a wide range of muscular and nerve damage caused by cancer, accidents, and violence. Other variable physical states can be initiated by medical treatments such as chemotherapy or changes in medications. This large group of people often wake up and ask themselves: Can I walk today? How far can I walk today? How much am I willing to endure to walk today? Are these changes visible to others or invisible? These and similar questions take walking out of the natural attitude. Variable mobility makes walking a part of a system of relevance (Schutz 1970) imposed by the body and reflected in consciousness (Schutz and Luckmann 1973: 182-190). This natural attitude is examined here, as well as its problematic nature.

### Walking: A Major Daily Task and the Natural Attitude

Walking, as noted above, becomes unreflexive after early infancy. It is essential, but taken-for-granted (Schutz 1967). This autonomic way of moving the body allows the person to concentrate on other tasks, ideas, decisions, and actions. In addition, the failure to think about walking as essential to human action allows us to forget our dependence on the body: our mortality and fragility (Deegan 1975). Taking the body and its mobility for granted gives us - however fleeting and unwarranted - a sense of control and coordination.

Variable mobility, however, startles us out of the natural attitude. It dramatically reveals the physical construction of social actors and the physical inequality that can be structured into one's way of being-in-the-world (Schutz 1967). Although the able-bodied person in the natural attitude feels a sense of control over his or her body, this is a false certainty. Our bodies are gifts and privileges that cannot be taken-for-granted. With variable mobility, the unreflexive natural attitude is revealed as a social construction. The relation between the self and the body becomes problematic: Do "I" depend upon my body as a "social object" or is my body "me" (Mead 1972/1934)? Am I my body? Am I more than, the same as, or less than my body.

The unity between consciousness, experience, and the body is captured by Schutz (1982: 81) when he writes: "In the form of consciousness of the immediately evident feeling of life, the I experiences its body only in movement, that is, in functional context." In other words, feeling alive emerges from an embodied context. This unity of self, body, and experience is part of the natural attitude, included in Schutz's formally expressed, intended-to-be suppositionless, phenomenology. Schutz expresses ablebodyism (i.e., an able body is unflexibly assumed in his analysis) in his discussions. For him, only cognition can shock us out of our natural attitude. Thus, he wrote:

[But] every breath of my chest, every heartbeat is mine, belongs to me. It is my heart which beats, my chest which rises and falls. I completely feel the rhythm of my body, of the heartbeat, or breathing. We may call this I-consciousness of the body the feeling of life, the feeling of existence. This essence of feeling (*esse*) does not result in knowledge (*cogito*). Basically, I do not know anything about my existence. But I know that I breathe, that my heart beats, and that I live in immediate evidence. That this being-alive (*vivere*) is in fact an essential mode (*modus essendi*); I indeed come to know only by detour through cognition. (Schutz 1982: 76-77)

In this lengthy passage, Schutz reveals his natural attitude of owning and controlling his body. Knowledge about embodiment is rationally deduced, not passionately experienced and revealed. The unity between the body and I is knowable only by the mind.

Here, I analyze the body as a source of knowledge. The body can shock us out of the natural attitude; it can be a source of independent knowledge. The feeling of life, moreover, is more intricate, independent, dependent, and paradoxical than Schutz describes. These convoluted questions are part of the mystery of life. A mystery and puzzle that can be pragmatically ignored when the body functions without intruding into consciousness. They cannot, however, be ignored in the face of severe pain, unexpected paralysis, variable functioning, and variable social locations.

Variable mobility is more than a philosophical issue: it is an embodied reality. Thus, the person with variable mobility is constantly gauging his/her body, its skills, its tiredness and strength. These "calculations of mobility" are intentional assessments of body skills and strengths. They are context dependent and change with the conditions of each situation. Thus the ability to walk one block changes significantly if the street is crowded, or icy, or under repair. Greater distances can be covered if the person with variable mobility can rest comfortably along the path. Going shopping may be impossible in stores without elevators or with escalators. A blocked doorway posted with a sign to "USE OTHER ENTRANCE" may ruin an entire trip.<sup>3</sup>

Similar "calculations of mobility" are made by the able-bodied person in situations where movement is problematic. A common experience for an able-bodied person, for example, is the process of moving an object that is too heavy or large to shift without planning. Thus the mover considers the path carefully: are there any stairs, any corners, or any doors that are difficult to navigate? Is any special equipment needed, such as a dolly or a ramp? How much weight can I lift? For how long? How far? How strong are my muscles? How tired am I? Or how tired will I become? How many other troublesome objects need to be lifted? What is the possible price of making a mistake in these decisions? Will I be overtired? Pull a muscle? Tear a ligament? Need aspirin and coffee? Need a pain pill? Need a doctor's opinion or medication? If I pull my - hernia, muscle, back muscles, etc. - will I have to wear a brace or go to the hospital?

This decision-making process is an unusual one for the able-bodied person who

faces an immediate and particular problem in movement. This process becomes part of the system of relevance for the person with variable mobility, however, who must confront these difficulties in a variety of situations, often in the presence of people who do not routinely share this problem. This "calculation of mobility" may be needed daily, if not hourly, for the remainder of one's life.

These calculations are further complicated when variable mobility is combined with variable visibility. In this case, "calculations of visibility" must be made as well. The issue of visibility makes the perception of others problematic for others' attention can determine visibility. A parent or good friend, for example, may recognize the signs of a "bad day" for a person with variable mobility, but acquaintances, strangers, and insensitive others may not notice such signs of a changed body. Even the "self" may not notice such signs of a changed body, making the changes "invisible" to the actor, but visible to the other. Credibility to claims of variable mobility and their accompanying variable signs becomes the site of social negotiations and legitimacy claims<sup>4</sup> for altering interactions.

### **The Credibility of Accounts of Variable Mobility: Their Linkage to In-Order-To and Because Motives**

Variable mobility is often hard to explain to others who see a person easily accomplish a task one-day but then claim they cannot do this same task on another day. Variable mobility is a direct claim that the body, and not the self, initiates social action. Such a claim runs counter to the natural attitude, expressed by Schutz, that we control our bodies. Claims of variable mobility as the origin of social action, then, suffer from competing claims of rationality and control that are fundamental to the natural attitude. Visible signs to support these claims are often needed to claim a moral self (Goffman 1961a, 1963b).<sup>5</sup>

The person with variable mobility claims that his or her body changes behavior and that the actor is not intentionally changing patterns of interaction for other purposes. Social relations must change because of the variability of the body. Such a claim is difficult for others to assess as true or false. This problematic claim is strained by the very presence of disability which is defined overtly in our society as a discrediting attribute (Goffman 1963). What is even harder to articulate and respond to are covert symbols of power, death, and mystery that threaten the moral order (Deegan 1975).

Explanations for this changing behavior, "accounts" on its origin and meaning (Scott and Lyman 1968), are frequently demanded by others. The problematic nature of variable mobility often makes it ambiguous for the embodied person, let alone for an observer. Thus problems of "overdoing" and causing other types of bodily injury, through falling or pulling overtired muscles, are common. Variable mobility is hard to interpret, and it is hard to explain its intentionality. The metaphysical problem of control over the body, the changing relation between voluntary and involuntary action, and the ability to make calculations of mobility are all factors making the explanations of behavior emerging from variable mobility hard to offer by the actor and, in turn, hard to accept by the other.

When variable visibility is also problematic, the issues are more complex. Thus people may exaggerate a limp, act faint, or create visible signs in order to legitimate the changes that are difficult to see. Such exaggerations are dangerous to social interaction: they are subject to being redefined as a fabrication (Goffman 1974) or uncovered and thereby revealing a morally flawed self (Goffman 1963b). Communicating variable mobility that is indiscernible to others is fraught with calculations that may need to be communicated non-verbally and expressively (Deegan 1977a).

Numerous examples of the connections between the body, the self, and the other in this ambiguous context occurred when I was a college student with variable mobility. (I had severe nerve damage in one leg and after three years of variable mobility I experienced a "spontaneous remission" of the injury (Deegan 1987a)). At this time, I used a wheelchair,

two stroke canes, and sometimes one cane depending on the degree of swelling, pain, strength, and weakness of my leg. As a student, a woman, a person with a disability I was subjected to "tests of veracity" concerning my claims of variable mobility. For example, I had enrolled in a Roman Catholic college for women because they had a tunnel connecting the classrooms and dormitory, enabling me to use my wheelchair between building while I would generally use canes in the classrooms. On several occasions my professors, who were generally religious sisters, accused me of "faking" my physical disability because they would not accept the reality of variable mobility nor my accounts of calculations of mobility. On one such an occasion, I was forced to walk a considerable distance to "prove" that I had a bureaucratic form to re-register for classes in order to participate in a dormitory lottery. When I had endured this physically painful "test of veracity," I ostentatiously tore-up the form in front of the collective student body and permanently left this institution. This dramatic - and to me highly satisfactory - resolution of a contested account is far from typical, however.

I am again experiencing variable mobility due to a multiple knee surgeries and aging. A vivid example of the problematic nature of these physical restrictions occurred when I recently flew to Germany. After an extended car ride, transfers in two airports, and hours of cramped seating, I was unable to walk easily. Flight attendants had witnessed my earlier strength, however, and would not call for assistance that I had requested prior to flying. They called a supervisor to "manage me" as a difficult person. He kept insisting I only needed to walk a few steps and he claimed that he could "see" that I could do so. In addition to rejecting my claim of variable mobility, he spoke to me in English and to the flight attendants in German. In their language, that he mistakenly assumed I could not understand, he said that I was making up a story so others would have to take care of me: I was a morally reprehensible, luxury-seeking, lazy American. After listening to this verbal abuse, I asked him a question in German. He immediately recognized that I had understood his comments and left to get me some transportation -after an hour's delay while I perched precariously on a radiator. I was not fluent enough, however, to really express what I thought and, to my chagrin, I felt humiliated by his description of me. Such encounters litter the lives of people with variable mobility.

In general, the person with variable mobility has a small group of others who understand and accept the changing definitions of mobility imposed by the body. This small group can be broadened by interaction with knowledgeable others who understand the issue of variable mobility; perhaps a special interest group, a disabled rights group, a person with this shared experience, or a person with the capacity to believe the accounts offered. But the largest numerical group is the world of secondary relationships that are characterized by fleeting contacts, anonymity, and social distance. To this large group, the behavior of the person with variable mobility is puzzling, often unacceptable, or incorrectly interpreted as "permanent."

A particularly problematic type of "other," who may be either a part of a person's everyday reality or a stranger (Schutz 1972), is the hostile other and/or "bigot." When this type of person observes variable mobility they will not accept the reality of the body's fluctuations or the accounts of this reality. In my account (Scott and Lyman 1968) of my experience as a college student presented above, this type of bigot was organized into a group: my professors. As Roman Catholic nuns they were "embodiments of God" and as college professors they had power over my curriculum, classroom, housing, and financial resources. This type of hostile other makes variable mobility an emotionally charged moral issue where failure of the body to function is interpreted as an intentional action to not perform adequately in everyday life.<sup>6</sup> In my unfortunate airline experience the "expert agent" was snide and condescending and it is difficult to know if this is due to able-bodyism, sexism, and/or ethnocentrism (Deegan 1985). I even wondered if his response was associated with some Germans'

attitudes to people with disabilities that was reflected in the murder of people with "flawed bodies" in concentrations camps during World War II. This later question may seem exaggerated because he was just a bureaucratic employee, but it shows the range of associations ("apperceptions" Schutz 1971) that can appear in one's consciousness and the depth of emotions that can be aroused.

Persons with variable mobility often live, then, in a complex moral situation: will their accounts of imposed relevance be accepted as true or false? Is variable mobility "an excuse" or is it "real"? The social processes defining variable mobility are fascinating, but not very well articulated and I explore some of them here beginning with the social construction of daily movement.

### **The Choreography of Variable Mobility: Routinizing Daily Tasks**

Because mobility is a major element in the social construction of everyday life, establishing "formulas for steps" to complete daily tasks reduces problems in these areas to a minimum. In many ways, this process is similar to the time-and-motion studies that characterize routinized industrial labor. In this business method, a work task is broken into its component parts. The minimal number of movements needed to complete each step is then charted and timed and the task efficiency and rate of production are thereby increased. Persons with variable mobility skills are concerned with maximizing their movements' efficiency while minimizing their costs to bodily parts.

These "formulas for steps" are often formally learned in rehabilitation therapies. The simplest ways of eating, dressing, and eliminating are taught systematically. A person's progress in learning or accomplishing these tasks is often charted and objectified in records. Each person must adapt these formal formulas of rehabilitation to their own lives and routines, however. Furthermore, variable mobility changes these formulas and many persons receive little or no formal training to "count their daily steps" and how to change this process.

An example of a formula for dressing illustrates the concept. In order to minimize the number of steps taken to put on clothing in a bedroom, the dresser and closet must be highly organized. They are, of course, spatially located near one's bed. The number of movements and steps needed to reach articles of clothing are carefully counted and minimized. Thus, if a matching sock is left across the room, the work needed to reach it may be too much. It might be easier to go without socks or select another pair.

These routinized steps were vital when I lived in the college dormitory noted above, where the built-in beds and dressers were too narrow for my wheelchair. I arranged all my clothes there within "13 steps." I knew where every doorknob and desk top were located in order to use them as aides to hold my weight. If my roommate moved my blouses to the end of my clothing bar, this could increase my steps to 19. I would have to decide then if I wanted to change my outfit, spend the extra energy and time needed to recuperate, or wake her up and have her take responsibility for her actions and then deal with her anger at being awakened. To the person in the natural attitude such precision in movement appears "bizarre," but to the person with variable mobility it is "a recipe for action" (Berger and Luckmann 1966: 42).

Time is a major factor in these formulas. These steps may be punctuated by long periods of "waiting" for a return of physical capacities to act. When Irving Zola, the medical sociologist, was a child, medical experts expected him to leave his family's home and enter an institution for children with disabilities because his family lived in an apartment on the fourth floor. He wanted to remain at home and in his regular school, however, so he conquered this challenge by generating a formula for all those steps. As he recalls: "For several months the trip upstairs was totally exhausting; even without braces it often took three hours. So I spent the first hour after school sitting outside the apartment gathering strength" (Zola

1983: 12). Formulas for steps include time, measurement, and yet another factor: execution.

These formulas for steps can be performed gracefully. They can appear "normal" through practice and repetition, in a manner analogous to dance choreography. Control over the steps taken in routine tasks "frees" the disabled body in myriad ways. Comparing the careful and minute steps used by dance choreographers to the process of "counting steps" allows for a definition of this situation as one that is analogous to another that is accepted as "normal" and "aesthetically pleasing." I have often been quite repelled by the sterile language of bureaucratic "daily task measures" and "medical charts" for measuring performance for intrinsically human ways of living. Counting steps and formulas for steps are choreographed movements allowing the person with variable mobility the freedom to dress and arrange his or her self-presentation independently (Goffman 1959). They are part of the ballet of life. They are constructed from images and language of mobility, my next topic of discussion.

### **The Linguistic Construction of Walking**

Reality is constructed through myriad social processes that are articulated and explained through language. Berger and Luckmann (1996) discuss how common, everyday words build everyday life and enter into more complex associations. The "symbolic universe" emerges from the combination of these ideas with experiences and emotions (Berger and Luckmann 1966: 92-128). "Walking with" a person, for example, assumes a coordination in steps, timing, and style. "Walking out with" refers to a more particular, courtship process, but "walking out" refers to leaving a situation that is defined as unacceptable. "Walking out" may also refer to the termination of a relationship, the freedom to end an unsatisfactory situation.

Thus "walking with" people stands for a range of human relationships, shared actions, relations of the self to the other, relations of the self to authority, and being part of the group. These deeper, often unspoken and unreflexive meanings of "walking" are violated with variable mobility. Instead of "being together" in an unreflexive way, walking becomes problematic in action and symbol. For example, a person can be walking with another who is "out of step" and be annoyed or angered by this behavior without being able to fully explain the emotion or response. This feeling may be further complicated by shame because of the recognition that the feelings are inappropriate in the context of unintentional difference (Lynd 1961). Common phrases or clichés reveal a set of assumptions about reality (Berger and Luckmann, 1966) and, in this case, the social construction of walking and interaction.

Accordingly, "falling into step" refers to a coordination between the self and the other or a group of others. Similarly, "marching to the beat of a different drummer" refers to a lack of coordination between the self and the other, an independent, voluntary alternative. "Being out of step" refers to a lack of coordination, which is often a sign of a lack of awareness or skill. "Being out of step" is an everyday occurrence for the person with variable mobility and if this is unintentional, then judgment of the person is ideally suspended.

These terms - falling into step, marching to the beat of a different drummer, and being out of step - have military associations, too. Marching and coordinated walking are part of the occupation of being a soldier. This ability to be "in step with the other" points to a group's discipline and coordination that is integral to morale and group pride. It symbolizes obedience to authority that may prove necessary for saving one's own life or that of others. Symbolically, then, being able to match the style, rhythm, and timing of another person can point to a primordial tie.

"Walking over" another person can refer to that person's inability to stand up for themselves, a lack of courage or commitment. To be a person "anyone can walk over" or in a relationship where one person "walks all over" the other is a deep character flaw. Superiority in walking, therefore, can symbolically point to other forms of power and control.

"Walking through" is a phrase referring to rehearsals, practices, and easy performances. "Walking through" a situation, may be difficult with variable mobility, however. Determining if the problem is intrinsic to the situation, the person, or the variable mobility can be hard, if not impossible, to do (Deegan 1977a and 1977b). Goffman (1963) has powerfully analyzed this issue as a "stigma" that permeates the life and being of a person with a discrediting attribute.

"Walking distance" is a phrase that refers to the expected ability of a "normal walker" to walk a specific distance. This phrase is often used in giving directions and an able bodied person often assumes that their skills are the norm for determining "walking distance." An inability to share this standard can be construed as a "failure" to be "normal." "Too far to walk" is similarly frequently based on an "able bodied" standard. Persons with variable mobility, however, find many distances "too far to walk" that are within "walking distance" for the able bodied person.

Walking is embedded in numerous patterns of group relations. Walking is specifically gendered, a sign of social class, and patterned by meanings associated with age, sexual orientation (Claire 1999), ethnicity, and cultural differences. Sex codes are the most pervasive rules for social order (Goffman 1977), nonetheless, and I (Deegan 1987b) have examined ablebodied walking as gendered elsewhere. I briefly examine here how women's walking is changed by variable mobility.

## **Women's Variable Mobility**

### **(1) The objective reality of women's social status.**

Being a woman is an embodied experience that, like variable mobility, is part of the natural attitude. The process of forming a self, identity, and interaction is fundamentally gendered (Deegan 1987b; Deegan and Hill 1987). Being gendered as an adult is part of lived experience. It permeates the way we hold our body, our access to social roles, and the patterns of power and work. The phenomenology of variable mobility discussed thus far is gender-neutral. Calculations of mobility, formulas for actions, and recipes for action are processes experienced by both sexes. The specific location and opportunities for these processes are deeply embedded in gender and to varying degrees in other social statuses that I call "core cordes," however.

First, the problem of variable mobility as a potentially contested claim is deepened for women in comparison to men.<sup>7</sup> For women, this strain on credibility is increased by negative typifications, or stereotypes. These demeaning typifications of women claim that they are changeable, manipulative, and hard to understand.

Negative typifications about women change women's motives from a "because" intentionality for action - that is, I cannot go to lunch with you today because I cannot walk that far - to an "in-order-to" intention - that is, I say I cannot go with you because of my body and not because I want to manipulate you. Negative typification about women, therefore, systematically allows the other to alter the motive for action from a "because of the body" motive to an "in-order-to" (obtain a goal) motive (Schultz 1971: 21-22).

Second, variable mobility is linked to power over resources. In a modern, capitalist society one can buy certain technologies and the labor of others. Control over such goods and services can greatly ease the problems of variable mobility, including the legitimization of accounts. Women have considerably more limited power over capital resources than men, however, so their access to resources to minimize the effects of variable mobility are less. Women with disabilities, moreover, have extremely limited control over capital resources (see Jans and Stoddard 1999).

Third, the daily work of presenting the self and the body is greater for women than for men. Wearing cosmetics, presenting an attractive hair-do, dressing fashionably, and displaying a sexually desirable body involve physical efforts that are all forms of female labor

in self-presentation. This work is invisible, however, it is done "backstage" through shopping, beauty work with cosmetics, hair-dos, creams, perfumes, and so forth. This is labor that is accomplished privately. With variable mobility accomplishing such tasks may exhaust a women's resources for other actions, but if she forgoes these tasks she suffers social isolation and criticism. Such negative social responses are characterized in phrases such as "she is letting herself go," or "she looks like a witch," or "she is an old bag."

Mary Daly (1978) has dramatically taken such criticisms of women who intentionally do not perform the female labor of self presentation and turned those hostile responses into a form of female power: women can chose to be a witch, a hag, or a crone. But Daly's vision involves a decision to not perform female labor in self-presentation, while variable mobility may make the performance of these tasks prohibitive. Returning to a phenomenological language, Daly proposes not performing female labor in self-presentation in order to be free of male constraints. Variable mobility may cause a woman to chose between actions so that being able to feed oneself or perform paid labor is more important than performing her personally valued and relevant female labor in self presentation.

Fourth, work done in the home is gendered. Thus, men with variable mobility are more likely to have relationships with a woman who performs domestic labor for them than women are. Women's double burden of work at home and in the marketplace is subject to the same conflicting costs and evaluations as those noted in the female labor of self presentation (Goffman 1976, 1977). The invisible work of cooking, cleaning, and transportation looms as highly problematic for a woman with variable mobility. Control over others' labor is greater for men in both the home and the marketplace than women's.

These gendered differences in variable mobility can be illustrated in the following scenarios. In one scenario, a businessman with variable mobility is married to a woman who does most of their domestic work. She prepares his breakfast, lays out his clean clothing, and gets his briefcase. He drives a comfortable car to work, which he enters from his attached garage and parks in an executive slot, or perhaps one strategically placed for the disabled. At work, people come to his office and his secretary orders his lunch delivered to his office or to a conference room. Perhaps he dines in the executive restaurant. At the end of the day, he returns home. Dinner awaits him and a pleasant evening at home ensues.

In another scenario, a secretary with variable mobility is married to a man who grudgingly does some of the domestic work. She worries about her "failure" to perform these tasks. Their cold breakfast is quickly eaten, she performs her recipes for action, including minimal female labor in self-presentation. Her husband drives her to work and drops her off. In order to do this they must leave home an hour early so he can then drive to his job. At work, people come to her desk and expect her to perform numerous tasks. She must keep her claims of variable mobility to a minimum. She eats a cold lunch at her desk. At the end of the day she is exhausted and returns home where an immediate problem awaits her: who will prepare dinner? Other worries beset her: maybe she will have to quit her job, maybe her husband will leave her, can she push herself to perform one more task? If she does, what is the price she will pay in sleep or tomorrow's mobility? She becomes depressed, she quits her job. This latter unhappy ending is reflected in the fact that the overwhelming majority of working age women with physical disabilities are not employed in the marketplace (see Jans and Stoddard 1999).

Pragmatically - and problematically - the social construction of expectations inimical to women with variable mobility is often more subtle than these scenarios suggest. These everyday processes are embedded in language, especially that surrounding the female pedestrian, my next topic of analysis (and extending my work in Deegan 1987b).

## **(2) The embodied process of being a female pedestrian with variable mobility**

First, the meaning of "walking like a lady," "being a street walker," and the "man



on the street" changes systematically. "Walking like a lady" is associated often with footwear that is inappropriate if not dangerous for women with variable disability. The swaying, seductive walk of traditional women is often similarly impossible to attain. Being wobbly in orthopedic shoes, in a brace, or gasping for breath all violate rules for ideally feminine action and beauty.

Being "a street walker" is similarly changed, but for very different reasons. A streetwalker is a woman who is selling access to her sexual behavior. She epitomizes the woman as sexual object. Women with disabilities exist in a complicated relation to sexual objectification, however: they are often objectified as asexual instead of sexual objects (Deegan 1985). Women with disabilities are distanced from "street walkers" by the definition of disability as asexual and by their constraints on walking in general.

"The man on the street" is not only masculine, he is able bodied and credible, too. His ability to walk and its linkage to typical opinions are components of the natural attitude of able bodied people.

"Mean streets" are particularly dangerous for women with variable mobility. They may not be able to flee an attacker, for example, or they may look more vulnerable to attack than an able-bodied woman. Images of women on billboards are more deeply the "other" (de Beauvoir 1949; Deegan and Hill 1982) for women with variable disability than for able-bodied women. And finally, agoraphobia can be hidden more easily with variable mobility than with an able body. Thus, the woman with variable disability may fear the streets like her able-bodied sisters, but the legitimate problems of limited walking skills may become an excuse for not venturing outside the house or being severely limited to spaces around it. Fear of the street may be masked as fear of physiological difficulties on the street.

On one level, walking is a physiological capacity. On many other, deeply symbolic levels, it is social; a shared way of being with the other. "Walking" is a way of living together that is a basic feature to the natural attitude, the sense of self, the we-relationship (Schutz 1967), and the construction of community. Walking is, according to Schutz, the method needed to feel alive, bringing the "I" to consciousness.

Specific, fixed limits on physiological mobility is in many ways easier to categorize and define than variable mobility. Even more severe, but definite, injuries may be less problematic (Barker et al. 1953; Deegan 1977a). Variable mobility continually changes the agreements of "walking with" the other, as noted earlier. Rhythm, timing, and expectations are in flux and these changes reflect relationships to the other and evaluations of the self.

Variable mobility is ambiguous to the actor as well as to the other. Returning to the earlier metaphysical issues, the person asks him or herself: who am I that I cannot do this? Does it matter if I can or cannot do this? So the relationship of the self to others, to action, to objects, and to meaning are redefined continually. Although this process can be normalized - with formulas for steps, increased social stocks of knowledge about the body, calculations for mobility, calculations of visibility, and acceptance of the body as variable in the social construction of a system of relevance - it can never be completely accepted. There are always shocks to the natural attitude.

## Endnotes

1. For further discussion of this expectation, see Goffman's (1974) account of "muffling."
2. Measuring disability is difficult, but many measures do exist. Variable mobility is even more difficult to determine, however, since many people with variable mobility do not self-identify as disabled. As one of my friends explained: "I have a heart problem, not a disability." Yet another explained: "I have bad days, not a disability." Both friends are quantitative medical sociologists and do not see themselves in any category associated with disabili-

ty. I analyze this perceptual and identity problem later in the text.

3. Access is, of course, a major civil rights issue, but the internal planning and decision-making are private events.

4. Jürgen Habermas (1973) extensively analyzes the difficulty of the state's legitimacy claims and sees public authority as increasingly powerless in modern society. The claims of the physically disabled are subject to both life world declines in civic consciousness and social structural changes in the law that increase the legitimacy of these claims (Habermas 1987). A political analysis of legitimacy claims is a different, but related, argument to the phenomenological analysis offered here.

5. Goffman's work is replete with questions of negotiating space and moral claims to it, management of clumsiness, and tactful responses. See Goffman 1961b, 1963a for these type of behaviors that are analyzed for the able bodied.

6. See Goffman's (1961a) discussion of secular morality in total institutions and Durkheim's (1965/1915) discussion of the sacred and the profane.

7. The literature on the multiple minority status of women with disabilities verifies this claim. See Deegan (1985), Eli Clare (1999), and L. Jans and S. Stoddard (1999)

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